M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02961

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Q.A. Stevensville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Kirby (Last) Benton

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/8/83
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Waterfront
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Franklin D. Berry Benton
14. MOTHER'S MAIDEN NAME Emma Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 205-18-4860 215-18-4860
17. INFORMANT Corville Benton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Coronary Thrombosis

61 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1949, to Mar 25, 1949, that I last saw the deceased alive on Mar 25, 1949, and that death occurred at 1130 A m., from the causes and on the date stated above.

SIGNATURE W. Chas E. Snyder (Degree or title) ADDRESS Stevensville DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/26/49
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. March 27, 1949
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill Md

RECEIVED
APR 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02962

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Q A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Sudbrooky
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Sudbrooky COUNTY Q A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Garrison (Last) Crossley

4. DATE OF DEATH (Month) Mch (Day) 18 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 2 1877
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Q A O
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Samuel Crossley
14. MOTHER'S MAIDEN NAME Martha Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Alice Crossley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Chronic myocarditis

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NO
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 1, 1948, to Mch 18, 1949, that I last saw the deceased alive on Mch 17, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE C H Whitcomb (Degree or title) M D ADDRESS Sudlersville Md DATE SIGNED 3/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-20-49
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) Sudlersville (State) Md

DATE REC'D BY LOCAL REG. 3-18-49
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02963

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Joseph (First) Albert (Middle) Dunn (Last)

4. DATE OF DEATH: (Month) Mar. (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: apr 18 - 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: Queen Anne

13. FATHER'S NAME: Daniel R. Dunn

14. MOTHER'S MAIDEN NAME: Susan A. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If year, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lon Dunn, Chester md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adeno - Carcinoma of Prostate	several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastases in both testicles	about 6-8 months
	(c) and spine	

177 510

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1948

19b. MAJOR FINDINGS OF OPERATION: Metastases in both testicles

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March 23, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE: Theodor Battelmeier (Degree or title): M.D. ADDRESS: Stevensville DATE SIGNED: March 23, 1949.

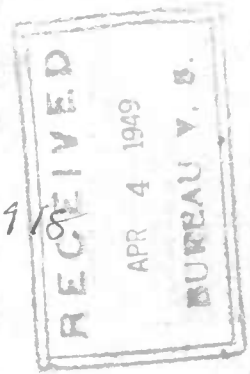
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: mar 25-49 | NAME OF CEMETERY OR CREMATORY: Chester | LOCATION (City, town, or county) (State): Chester md

DATE REC'D BY LOCAL REG.: March 25-49 | REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Lewis A. Henry ADDRESS: Centreville md

4 43435-475/1480.

143



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05043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Q A — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Q A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Lincoln — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) Holden

4. DATE OF DEATH (Month) Mch (Day) 27 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Mch 27 1895 — 9. AGE last birthday 54 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Dealer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Q A Q — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles William Holden — 14. MOTHER'S MAIDEN NAME Ida I Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No — 16. SOCIAL SECURITY No. 214-12-6903 — 17. INFORMANT Mildred E Holden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 131b

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) (b) Chronic Myocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — No — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While ~~At work~~ ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1948, to Mch 27, 1949, that I last saw the deceased alive on Mch 26, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Upscalpe — ADDRESS Fort Lincoln, Md — DATE SIGNED 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3-29-49 — NAME OF CEMETERY OR CREMATORY Crumpton — LOCATION (City, town, or county) Crumpton (State) Md

DATE REC'D BY LOCAL REG. 3-29-49 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02964

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON: FILM #5119 4-5-49

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print): (First) Manda (Middle) P (Last) Phillips

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/23/1860

9. AGE last birthday: 88 yrs. If under 1 year: Months 2 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Everett

14. MOTHER'S MAIDEN NAME: Emely Clough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: James A. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval between onset and death: 20 years

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 19 49 to Mar 5, 19 49, that I last saw the deceased alive on Mar 5, 19 49, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M.D. ADDRESS Millington Md DATE SIGNED 3/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/8/49
NAME OF CEMETERY OR CREMATORY: Templeville
LOCATION (City, town, or county) (State): Templeville Md.

DATE REC'D BY LOCAL REG. 3-5-49
REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: John E. Bouglais ADDRESS Greensboro Md.

RECEIVED
MAR 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02965

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Price
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Raymond (Last) Richardson

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 25. 1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Agriculture	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph H. Richardson	Mary Louise Legg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs. Clara Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Valvular disease of the heart

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

260 61

(b)

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1944, to Mar 20, 1944, that I last saw the deceased alive on 3/20, 1944, and that death occurred at 1 20 p.m., from the causes and on the date stated above.

SIGNATURE: W. J. McPherson (Degree or title) — ADDRESS: Centreville — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 23	Centreville	Centreville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-21-49	Edgar L. Lane	Edgar L. Lane	Church Hill

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02966

CERTIFICATE OF DEATH

Reg. Dist. No. 251

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Queens Anne MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural Barclay
LENGTH OF STAY (in this place): 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Barclay
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Frank (Last) Toulson

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1/1/49

9. AGE last birthday: 0 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Albia

14. MOTHER'S MAIDEN NAME: Joan Louise Toulson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Michael Albia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease

754.4 Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) same

(c) same

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec Feb 11 49 to ....., 19....., that I last saw the deceased alive on Feb 11, 1949, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton (Degree or title) ADDRESS: Millington Md. DATE SIGNED: 3/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/7/49
NAME OF CEMETERY OR CREMATORY: Templeville
LOCATION (City, town, or county) (State): Templeville Md.

DATE REC'D BY LOCAL REG.: 3-6-49
REGISTRAR'S SIGNATURE: Edgar L. Lane
24. FUNERAL DIRECTOR: John E. Boulais ADDRESS: Greensboro Md.

RECEIVED
MAR 29 1949
BUREAU U. S.

02967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Centreville
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Warwick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport News
STREET ADDRESS (If rural, give location) 5813 Ellen Ct

3. NAME OF DECEASED (Type or Print) (First) FRANKLIN (Middle) ELLIS (Last) WALLER

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1949

5. SEX Mal
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 27-1909
9. AGE last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of ~~working~~ life, even if retired) Refrigeration
10b. KIND OF BUSINESS OR INDUSTRY Ship Yard
11. BIRTHPLACE (State or foreign country) Delmar Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Steven B Waller
14. MOTHER'S MAIDEN NAME Lillie Berridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Margaret Waller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck

819.5 Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto. accident - Car struck telephone pole.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Auto
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway near Centreville - Queen Anne (CITY OR TOWN) (COUNTY) (STATE) Md.
TIME OF INJURY (Month) Mch (Day) 15 (Year) 1949 (Hour) 3.45 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? ? Car struck telephone pole

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3.45 m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam 2 U.C. Md ADDRESS Centreville Md DATE SIGNED 3/15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 17-49
NAME OF CEMETERY OR ~~CREMATORY~~ Peninsula
LOCATION (City, town, or county) Newport News (State) Va

DATE REC'D BY LOCAL REG. 3-15-1949
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02968

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) 73 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Simuel (Middle) Washington (Last)

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Col.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Febr. 4. 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Tonging oysters

11. BIRTHPLACE (State or foreign country): Grasonville

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Washington

14. MOTHER'S MAIDEN NAME: Sarah Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Tyler Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) cerebral hemorrhage + hemiplegia	1935 + March 9. 1949 15 years
024 Antecedent cause(s)		
30a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Tabes dorsalis	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr. 20, 1949; to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theodor Sattelmaier M.D. Stevensville March 11. 1949

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 3/13/49 NAME OF CEMETERY OR CREMATORY Grasonville LOCATION (City, town, or county) (State) Grasonville Queen Anne

DATE REC'D BY LOCAL REG. 3/12/49

REGISTRAR'S SIGNATURE H. M. Aldridge

24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton

RECEIVED
MAR 19 1949
BUREAU V. S.